(		OF DEATH	000 00 1 00 1 00 1 0 00 00 00 00 00 00 0		(31)	CERTIFIC	ATE OF	DEATH
Vill		Gaithersbur L NAME Jol		d Ashton		St.:	ward) a hosp	ath occurred ital or instit ive its NAME i of street ar
	PERSON	IAL AND STATIST	ICAL PARTICU	JLARS	MEDI	CAL CERTIFICA	ATE OF DEA	тн
3 \$	Male	Col,	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word	Married		eril IOth		
6 D	ATE OF BIR	тн Jul <b>y</b> (Month	) (Day)	, 1. 0	that I last saw h	192 . to	I pittended the	deceased from 1920 , 1920
a	Lout	62 yrs.	mosds	If LESS than I day hrs.	and that death occ The CAUSE OF DE			g A.
(a pa	Trade, pro	d of work	Laborer			40.00.00.00.00.00.00.00.00.00.00.00.00.0		
(a pa (b bu	n) Trade, pro articular kind o) General na usiness, or es hich employed IRTHPLACE (State or cou	d of workature of industry stablishment in ed or (employer)			Contributory Secondary	(Duration)	mli sr	leno-se
(a pa (b bu	a) Trade, pro articular kind b) General na usiness, or es hich employ IRTHPLACE (State or cou	d of work ture of industry stablishment in ed or (employer) turbulantry) WASHING	TON D C		Secondary (Signed)	Durling	mli sr	
(a pa (b bu w 9 B	a) Trade, proarticular kind o) General na usiness, or es hich employed IRTHPLACE (State or cou	ature of industry stablishment in ed or (employer) untry)  WASHING  Unknown	TON D C		Secondary (Signed)	(Address)	neli si	big l'
(a pa bu w w s	a) Trade, proarticular kind b) General na usiness, or es hich employe IRTHPLACE (State or cou- 10 NAME O FATHER  11 BIRTHPL OF FATH	d of work stature of industry stablishment in ed or (employer) stature of industry stablishment in ed or (employer) stature of industry WBSHIN( F Unknown ACE ER country) NAME	GTON D C		(Signed)	(Address)  I is ase Causing state (1) Means al or Homicidal.	Death, or, in of Injury and	deaths from (2) Whether
(a particular of the particula	a) Trade, properticular kind and a siness, or established to the control of the c	d of work ature of industry stablishment in ed or (employer) untry)  WASHING  F  Unknow  Country)  NAME  LER  Unknow  LER  LER  LER  Unknow  LER  LER  LER  LER  LER  LER  LER  LE	GTON D C		(Signed)	(Address)  I is ase Caung state (1) Means at or Homicidal.  RESIDENCE (For Residents) mosds.	Death, or, in of Injury and	deaths from (2) Whether
(a parameter of the par	a) Trade, proporticular kind for the proportion of the proportion	d of work ature of industry stablishment in ed or (employer)  Intry) WASHING  F  Unknow  ACE ER  Country)  NAME LER  Unknow  ACE ER  Country)  S TRUE TO THE BES	TOF MY KNOWL	EDGE	(Signed)	(Address)  I is ase Causing state (1) Means al or Homicidal. RESIDENCE (For Residents) mosds.	Death, or, in of Injury and Hospitals, Insulate State yrs.	deaths from (2) Whether titutions, Trans

6.4720

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e.g., Former or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Loborer-Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, tion applies to cach and every person, arrespective of Housenwid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Doy For persons who have no occupation

Strtement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The nature of the injury, occident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train. or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL scpticaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Uracmia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Nomenclature of the

It this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from tired 6 yrs). For persons who have no occupation laborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write None. business, that fact may be indicated thus; Farmer free or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-(b) Cotton mill; (a) Salesman. (b) without more precise specification as Day -Coal mine, etc. Wom-Grocery;

Statement of Cause of Death—Name, first, the Disease. Examples: Causation), using always the same accepted to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." approved by Committee on as fracture of skull, and consequences (e.g., sepsis, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus, Ulu Age,
"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Paisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway traintions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, men-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained hefore the certificate is permanently filed.

	1 PLACE OF DEATH	14722 STATE OF MARYLAND
Co	MONTGOMERY	CERTIFICATE OF DEATH
	, and the same of	Registration Dist. No. 223
Villa	age or City Takoma Park, (No. 108 )	Flower Ave. St.; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SI	MARRIED.	ied April 16, 1631
Ma	white Widowed (Write the word)	(Month) (Day) (Year)
6 1)/	ATE OF BIRTH	apr 1 st 1924 to apr 16th 1831
		Year) and that death occurred on the date stated above, at 9.4.6 a.
AG	In LES	The CAUSE OF DEATH & was as follows:
(b bu	a) Trade, profession or Doorkeeper, U. S. Senatarticular kind of work.  b) General nature of industry usiness, or establishment in which employed or (employer).  IRTHPLACE (State or country)	Contributory Carchae Jales Secondary  Secondary  Contributory Carchae Jales Ja
	10 NAME OF Colemen Baer,	(Signed) Odion O. Lothrop M. C. Cald W.
RENTS	11 BIRTHPLACE OF FATHER (State or country) Germany,	*State the Disease Causing Death, or, in Gaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidai.
PAR	OF MOTHER Betty Baer,	18 LENGTH OF RESIDENCE (For Rospitals, Institutions, Translients, or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or country) Germany,	At place of death yrs mos da. State, yrs mos da
14 T	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLE	Where was disease contracted, if not at place of death?
	(Informant) Lizzette Baer,	usual residence
15	(Address) 108 Flower Ave. Tak. Pl	k.Md. National Loudon Cemetery Apr. 20 1931s
	Filed april 19 1931 Ho. E. Roglest	77/0000000.749
	1f more blanks are needed, address State Re	egistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer state occupation at beginning of illness. If retired from whatever, write None. tired 6 yrs.). or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it (a) Foreman, (b) Automobile factory. nature of the business or industry, and therefore au sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc or At Home, and children, not gainfully em-For many occupations a single word or term on For persons, who have no occupation of persons en-The material But in many

Statement of Cause of Death—Name, first, the bis EASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accept ed term for the same disease. Examples: Cerebrospinal feter (the only definite synonym is "Epidemic cerebroty spinal meningitis"); Diphtheria (avoid use of "Croup"); Fuphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

Nomenclature of the American Medical Association.) head of "contributory." ment of cause of death approved by Committee on quences ture of the injury, as fracture of skull, and conse-Poisoned by carbol'e acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or misearriage as ean be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a defluite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal "Dropsy," "Exhausticu," "Heart failure," "Haemorvulsions." causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meastes; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosts of lungs, men (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; ..... (name origin; "Cancer" is less definite; ayoid FOR VIOLENT DEATHS STATE MEANS OF INJURY (e. g., acpais, tetanus) may be stated under the "Debility" Accidental drowning; Struck by railway ("Congenital," "Senile," etc.), (Recommendations on state-Example: Mcastes (disease (second-"Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	Registration D	ist. No. 218
Village or City 2 Lay Gran 2006.  2FULL NAME Same & Ballo	St: Ward)	(If death occurred a hospital or institution, give its NAME instead of street annumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
male pulse Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  Off  (Month)	/6 , 1923 / (Day) (Year)
(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I atte	
65 yrs. // mos. ds. or min.?	and that death occurred on the date stated and the CAUSE OF DEATH * was as follows:	above, at 6.20 0 n
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)	iyramosd
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  10 NAME OF Jone 720	Contributory Secondary  (Duration)  (Signed)	
OF FATHER  (State or country)  12 Maiden Name	*State the Disease Causing Death, Violent Causes, atate (1) Means of Inju Accidental, Suicidal or Homicidal.	or, in deaths from
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)	1B LUNGTH OF RESIDENCE (For Hospitalients or Recent Residents)  At place In the State Where was disease contracted,	
(Informant) 2 Sollow	Former or usual residence	DATE OF BURIAL
(Address)	Lay lons wille Cesse	April 6 , 193.

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective ca fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "For man," "Manager," "Deal-Physician, Compositor, Architect, tired 6 yrs). business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement whatever, write None. or given up on account of the DISEASE CAUSING DEATH For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal menin\_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

(Recommendations on statement of cause of death st\_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," approved telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY by Committee on Nomenclature Chronic valvular heart etc. The contributory disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

CERTIFICATE OF DEATH Montgomen Registration Dist. No. Hostst. 210 Ward) (If death occurred in a hospital or institution, give its NAME irnumber.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE 4 COLOR OR RACE 5 3 SEX 16 DATE OF DEATH MARRIED, sua WIDOWED, OR DIVORCED (Write the word) I HEREBY CERTIFY, That I attended the decease 6 DATE OF BIRTH 1831 to aful L. at instruction (Month) (Day) and that death occured on the date stated above, at, 7 AGE IIf LESS than The CAUSE OF DEATH \* was as follows: I day hrs. ds. or min.? termi B OCCUPATION ESERV (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) ..... Contributory Secondary 9 BIRTHPLACE (State of country) (Duration) 10 NAME OF (Signed) FATHER ō 0 11 BIRTHPLACE S \*State the Discase Causing Peath, or, in deaths from OF FATHER S Z Fiolent Caus s, state (1) Means of Injury and (2) whether CAU (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME C 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER Scupe ients or Recent Residents) 13 BIRTHPLACE In the At place of death. State yrs mos ... OF MOTHER (State or country) Where was disease contracted, 0 0 if not at place of death?.. shoul CIANS If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH

STATE OF MARYLAND

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more present of the laborer, Farm laborer, Laborer—Coal mine, etc. Womadditional line is provided for the latter statement; if nature of the business or industry, and therefore an fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Former ( en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) should be used only when needed. As cramples : (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enplayed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return 'Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Howemuid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Cotton mill; (a) Salesman. (b)
(b) Automobile factory. The Locomotive engineer, (b) material Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croun ed term for the same disease. Examples: Cerebrosp to time and causation), using always the same accent-Statement of Cause of Death-Name, first, the Lis-Typhoid ferm (never report "Typhoid EASE CAUSING DEATH (the primary affection with respect-(the only definite synonym is "Epidemic cerebro" pneumonia. Branchopneumonia ('Pneumonia') 4 Dill

> telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia, "-" Weakness," etc., when a definite discase "Exhaustion," "Heart xanux," "Old Age," "Shock." "Inanition," "Marasmus," "Old Age," "Shock." "Debility" ("Congenital," "Scnile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely causing death), 29 ds.; Bronchopmeumonia (secondary) (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles approved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Whooping "Atrophy." "Collapse," "Coma," "Convulsions, cause for which surgical operation was under-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic etc. affection need not be valrular heart Nomenclature The contributory

answered in detail, it will prevent further correspondence. A I the permanently filed. If this certificate is looked over thoroughly and all questions

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If more blanks are needed, address State Registrar, 16 W. Saratoga St., Baite., Requesting V. S. No. 1.

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grovery; (a) Foreman, (b) Automobile factory. The material tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, er," et:., without more preserted mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples : (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient. e. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Nanager," 'Deal-Physician, Compositor, business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on Architect, Locomolive engineer, The ques-

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the DISto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid Pneumonia" (the only definite synonym is "Epidemie cerebropneumonia. Bronchopucumonia ("Pneumonia,"

> letanus) may be stated under the head of "contributory." taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicacmia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Hannition," "Marasmus," "Old Age," "Shock, atic), "Atrophy." "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondar, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HONICIDAL, "Uruemia," "Weakness," etc., when a definite disease Chronic Whooping unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) . (name origin; "Caneer" is less definite; avoid interstitial nephritis, by or intercurrent) affection need not be Committee on Carcinoma, valendar heart etc. Nomenclature The Sarcomo,, etc., of eontributory " Shock," disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will propose turber correspondence. A it he data is essential and must be obtained before the certificate is

permanently filed.



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PLACE OF DEATH	04726
County Montgomery	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 217
Village or City Olney (No	St.: Ward) (If death occurred is a hospit I or institution, give its NAME is stead of street and number.)
-	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  , 193.    (Month) 20(Day) (Year)
0.0000	
(Month) (Day) (Year)	that I last saw halive on, 192
7 AGE Promoture  Jrs. 5 mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Contributory Contributory
(State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  15 Filed AM21 19181 C. S. Barnsley	(Signed)
Registras	RA Brown Clone
If more banks are needed, addre.s State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. should be used only when needed. As examples: (a) Civil engineer, Physician, Compositor, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken laborer, Never return "Laborer," "Foreman," "Nanager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. to report specifically the occupations of persons en-Foreman, For many occupations a 20 yrs). Farm laborer, (b) Cotton mill; (a) Salegman, (b) Gracery, man, (b) Automobile factory. The material At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many If the occupation has been changed Laborer-Coal mine, etc. Wom-Architect, single word or term on Locomolive engineer,

Statement of Cause of Death Name, first, the Disters Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

stated unless important. Example: Measles (disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary) (secondary or intercurrent) Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," "Uraemia," "Weakness," etc., when a definite disease "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all approved by Committee on Nomenclature of the as fracture of skull, Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of interstitial nephritis, (name origin; "Cancer" is less definite; avoid " "Marasmus, " "Old Age, " "Shock," Chronie valvular heart disease; and consequences (e.g., sepsis, affection need etc. The contributory not be

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH	STATE OF MARYLAND
County All Marie County	© CERTIFICATE OF DEATH
Village or City Horly Con General	Registration Dist, No.  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
2FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED VIDOWED OR DIVORCED (Write the word)	Charle of Death 192 (Month) 192
6 DATE OF BIRTH  (Month) (Day) (Year)	17 HEREBY CERTIFY, That I attended the deceased from  1851. to Classif 21, 1921, that I last saw h
7 AGE    If LESS than   I day hrs.   day hrs.   or min.?	and that death occurred on the date stated above, at
OCCUPATION (a) Trade, profession or particular kind of work	musurege of I mort
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yie mos de.
9 BIRTHPLACE (State or country) and .	Secondary (Durstion) yrs mos ds,
10 NAME OF E. H. Berner	(Signed) Jesullice M. D.  Opel 25 103 (Address) Porferly M.
OF FATHER (State or country) Prafton, W. Ta.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Jakah F. Jucas	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Graften, H. Va -	At place of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Address) Rochville M. R. P. D.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed apr 2/ 1980/ CS/Barnsley. Registrar	20 UNDERTAKER ADDRESS
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House er," etc., without more process. Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Colton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Forcman," "Manager," "Dealworked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as (b) Automobile factory. The material 6 Grocery; Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Examples: Accidental drowning; Struck by railway train as fracture of skull, and consequences (e. g., sepsis, approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of death and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic valvular heart Example: Measles (disease etc. The contributory disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Village or City Chang Chase (No. 8, 2) 2FULL NAME Emma Thom	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 2-16.  Yewland St.; Ward)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Sangth, widowed with the word)  Somale White White the word	16 DATE OF DEATH Aby 2 7 198/ (Month) (Day (Year)  17 I HEREBY GERTIFY, That I attended deceased from 441/22 198/ to 4/2×1/22 198/
7 AGE 83 yrs. 7 mos. 4 ds. OR min.?	that I last saw h. C. ailve on
(a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)	Prehour (Duration) yrs mos. ds.
9 BIRTHPLACE (State or country) Ohio  10 NAME OF Chustoble. Thombo	Contributory Chruhic // 40 correll Till Secondary (Duration) yrs mos ds.  (Signed) Amount M. D.
11 BIRTHPLACE OF FATHER (State or country) England  12 MAIDEN NAME OF MOTHER MAY Wintergill  13 PIRTURNACE	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  18 Length of Residence (For Hospitals, Institutions, Transients, or Recent Residents)
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Olice M. Clark  (Address) & Newlands St Clark	At place of death yrs. mos. ds. State yrs. mos. ds.  Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Alicid 1 Company 2 Com

20 UNDERTAKER

If more hlanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specibeen changed or given up on account of the disease gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of ago ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Preeise statement of occupa-If retired from business, that faet may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (6)

CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberoutesis of lungs, meninges, peritonaeum, etc., Carcin

mia," "Puerperal peritonitie," etc. State eause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shoek," "Uraemia," "Weakness," genital," "Senile," etc.), valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," Never report For Vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

### This is to certify that the body of

has been thoroughly embalmed and prepared for shipment in accordance with the law governing transportation into the state of

J. FRANK JOY-COMPANY

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PLACE OF DEATH  County Montgomery	04729 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2/3
Village or City Olomae (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED Gragle OR DIVORCED OR DIVORCED OR DIVORCED OR DIVORCED OR DIVORCED	16 DATE OF DEATH  (Month) (Day)
6 DATE OF BIRTH  Office 7 , 1930  (Month) (Day) (Year)	that I last saw here alive on alived T, 1931.
7 AGE    State	and that death occurred on the dale stated above, at A.m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. Inqs. 3.ds.
9 BIRTHPLACE (State or country) Polomae, Md.	Contributory Cold & Swortfalls Secondary  (Duration) yrs mos 7 ds.
10 NAME OF FATHER George Cooper  11 BIRTHPLACE	(Signed) Jan A. Analheren M. D. Offil 8:551 (Address) Rollandly May
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or Country)  MAKE  (State or Country)	ienta or Recent Residents) At place In the of deathyrsmosds.
(Informant) Storge Cooler	Where was disease contracted, if not at place of dea.h?  Former or usual residence
(Address) Storac, M.J.	byion Wesley Mont appress 19.3
Filed 4 - 9 1913/ Mrs N. 1. Deale Registral  If more banks are needed, addre. s tate Registral	of Monden Krchriller, 16 W. Saratoka St., Bulto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from g. ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on be used only when needed. As examples: (a) (b) Cotton mill; (a) Salesman. without more precise specification as Day Compositor, Architect, (b) For persons who have no occupation Automobile factory. The material Locomotive engineer, 6 Grocery;

Statement of Cause of Death—Name, first, the Disbase CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchapneumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-(Recommendations on tetanus) may be stated under the head of "contributory." "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; statement of cause of Example: Measles (disease etc. The contributory not be

II this certificate is looked over thoroughly and all qu stions an grered in detail, it will prevent further correspondence. All the dated is essential and must be obtained before the certificate is permanently filed.

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(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an er," etc., without more precise of mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Semant, Gook, to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken whatever, write None. Housemaid, etc. If the occupation has been changed For many occupations a single word or term on without more precise specification as Day Compositor, Architect, Locomolive engineer,

Statement of Cause of Death—Name, first, the Dree EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

2 answered in detail, it will prevent further correspondence. All the permanently filed. lelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) approved by Committee on Nomenclature inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping ..... (name origin; "Cancer" is less definite; avoid State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease (secondary carholic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death Never report mere symptoms or terminal condicough; or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory Always qualify all

(Approved by U. S. Census and American Public Health Association.)

Spinner, fulness of various pursuits can be known. The queseupation is very important, so that the relative healthlaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of Starement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer frestate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report ployed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., (a) Foreman, (b) Automobile factory. The material Physician, Compositor, Architect, Locomotive engineer For many occupations a single word or term on or At Home, and children, not gainfully em-(b) Cotton mill; (a) Sulesman. (b) Grocery. without more precise specification as Day specifically the occupations of persons en-For persons who have no occupation

Str:ement of Cause of Death—Name, first, the pre-EAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved (Recommendations on statement of cause of death "Debility" ("Congenital," "Senile," etc.) "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all eausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, tedanus) may be stated under the head of "contributory." carbolic acid-probably suicide. Then ture of the injury, State cause for which surgical operation was under Whooping Examples: A ccidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., o Never report mere symptoms or terminal condi-. (name origin; "Caneer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJULY cough; by Committee on Nomenclature of the Chronic Example: Measles (disease etc. affection need not be valvular heart disease; The contributory Measles

If this certificate is looked over thoroughly and al qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1931

PLACE OF DEATH	STATE OF MARYLAND
County Moulgoures	CERTIFICATE OF DEATH
man A Fiel	Registration Dist. No. 2/3
Village or City Juning (No.	St.: Ward) (If death occurred in a hospital or Institu-
2FULL NAME TICKORD De	), Alwall stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Single, Married, Victor or Divorced (Write the word)	16 DATE OF DEATH Opil 2, 1931 (Month) (Day) (Year)
Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  1850. to Charles 1951, that I last saw herealive on Charles 7, 1951,
7 AGE  76 yrs. 4 mos. 2 9 ds. or min.?	and that death occurred on the date stated above, at
b OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	Chronic mystartelles will decomplementation 2 yrs. mos. de.
which employed or (employer)	Contributory Secondary  (Durstion)  yrs
10 NAME OF FATHER FRAME & Duvalf	(Signed) M.D. William M.D. M.D. (Address) Rockerelle M.D.
OF FATHER (State or country)  12 MAIDEN NAME  13 MAIDEN NAME	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mary G. Herrely 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country)	At place of deathyrsds. In the Stateyrsds.  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) I tym J. Wwalf (Address) RHD- Rockville Ind	Dames own Md abril 6 19 31
Filed 4-4 1933/ Mis H. T. Cract Registrar	Un Routry Pumpling To choilly
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting v. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DISLEGAL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinul meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Recommendations on statement of cause of American Medical Association.) inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "E::haustion," "Debility" ("Congenital," "Atrophy," "Collapse," "Coma," "Convulsions, cough; "Heart failure," "IIaemorrhage," Chronic etc. valvular heart disease; The contributory Always qualify all

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. Wo. 1

N. B.

		OF DEATH				
	County M	onlgor	nery			
			O.			
/:I	lage or City	Dam	asen	(No.		
v 44	lage of City			0		6
	2FUI	LL NAME	rosol	my Ma	rie The	22
	PERSON	NAL AND S	TATISTIC	CAL PARTICI	JLARS	
3 5	F.	4 COLOR O	R RACE	S SINGLE, MARRIED, WIDOWED. OR DIVORCE (Write the word	nigle	16
5 1	DATE OF BIR	тн	5 /			17
		6	C.	29	. 1925	
			(Month)	(Day)	(Year)	th
7 A	GE				If LESS than	an
		5 yrs.	5 11	108. 18 de	l day hrs.	In
( p	occupation  a) Trade, pro articular kind  b) General na usiness, or es which employe	ofession or d of work ature of industablishment i ed or (employ	stry in er)	one		
) E	(State or cou	intry)	m	L.		
	10 NAME O	F Edi	vard	Flen	una	(Si
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PARE	12 MAIDEN OF MOTH		al	Brow	~	18
	13 BIRTHPL OF MOTH (State or		9	nd.		At of W!
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	(Informant)	· Edwa	100	lemm	1	19
	(Addr	ess) / W	Leri	nautor	In my	7:
5	Filed afr	ul 18 193	1.0	ellagy	Beall Registrar	20
						1

STATE OF MARYLAND CERTIFICATE OF DEATH

1.1:33

MEDIC.

Reg	Registration Dist. No. 211			
St.:	Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stend of street and number.)		
AL CERTI	FICATE O	F DEATH		

16 DATE OF DEATH	Paril	17	1993/
	(Month)	(Day)	(Year)
17 MEREBY C	ERTIFY, That I a	ttended the d	eceased from
Jery: 22	1931 . to	m 17	1923
that I last saw here	live on	2. 17	1923.
and that death occurred	on the date stat	ed above, at	- 6 · m.
The CAUSE OF DEATH	* was as follows:	-1-	V
acule	Cepson	120	
	U		
		`	
			***************************************
The state of the s	(Duration)	3.10	mos ds,
Contributory Secondary	vary,	mg.	
	(Duration)	yrs	mosds.
(Signed) learne	m. /	joner	M. D.
april 18 1.31	(Address) Dan	nasen	a ma
*State the Disca Violent Causes, state Accidental, Suicidal or	se Causing Deat (1) Means of Homicidal.	h, or, in de Injury and (2	aths from 2) Whether
18 LENGTH OF RESID		pitals, Institu	tions, Trans-
At place of death yrsmos.	ds. In t	he tateyrs	nos,da,
Where was disease contract if not at place of death?	ed.		
Former or usual residence		••••	
19 PLACE OF BURIAL	OR REMOVAL	DATE OF	FBURIAL
Friendslut (	emelery	upo. 1	9 , 1931
20 HADERTAKER		ADDRESS	

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retited from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an whatever, write None. or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, laborer, business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, For many occupations a especially in industrial employments, it is necesor At Home, and children, not gainfully em-Farm laborer, (b) Cotton mill; (a) Salesman, (b) without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Laborersingle word or term on -Coal mine, etc. Wom-Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspinal fever (the only definite synonym is "Epidemic cerebraspinal meningitis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

stated unless important. Example: Measles (disease "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," use of "Tumor" for malignant neoplasms); Measles, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, American Medical Association.) (Recommendations on statement of cause of death peritonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, Chronic valvular heart disease; etc. The Nomenclature contributory

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V. S. No. 1

M	)	, PHYSI- od. Exact
	CORD	pplied. ACE should be stated EXACTLY, PHYSI- pressor that it mey be properly classified. Exact instructions on back of certificate.
D.	THIS IS A PERMA NT CORD	be stated be proper
ED FOR BINDING	PERMA	t it mey
HOR	IS A	ACE to tha
ED 1	THIS	pplied.

PLACE OF DEATH	STATE OF MARYLAND
County Mante	CERTIFICATE OF DEATH
	Registration Dist. No. 21
Village or City Geithersburgo.  2FULL NAME LYMAN Cobb Fle	St.: Ward)  St.: Ward)  a hospital or instit tion, give its NAME i stead of street ar number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Widowed. Married (Write the word)	21ed April 28 , 192/31 (Month) (Day) (Year)
Aug II , 1.8  (Month) (Day) (Y	that I last saw h malive on haveled 1, 1923.
78 yrs. 8 mos. 17 ds. or or particular kind of work Laborer (b) General nature of industry business, or establishment in	hrs. The CAUSE OF DEATH * was as follows:
which employed or (employer)  BIRTHPLACE (State or country)  Penn	Contributory Secondary (Duration) yts mos
10 NAME OF FATHER Jacob Fletcher	(Signed) Stanley M. OSarber M. (Apr. 28 198) (Address) Laistins har
II BIRTHPLACE OF FATHER (State or country)	*State the Discard Picting Consultation United Ford Violent Causes, state of Means of July and (2) Whether Accidental, Suicidal or Homographical Consultations
12 MAIDEN NAME OF MOTHER UNKNOWN	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transents or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of deathyrsmosds. Stateyrsmos
(Informant) Was Lamon Electora	if not at place of dea.h?
(Informant) Mrs Lyman Fletchor	19 PEACE OF BORIAGE ON REMOVAS
(Address) Gaithersburg M	
Filed Gril 30 1923/ Stackel Dane St.	Che 20 UNDERTAKER Jackers
If more hanks are needed, addre a Ltate Ke	gistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, to report specifically the occupations of persons en-(a) Foreman, ,, etc., especially in industrial employments, it is neces-For many occupations a single word or term on yrs). Form laborer, Laborer-Coal mine, etc. Womwithout more precise specification as For persons who have no occupation (b) Automobile factory. The material (6) The ques-Grocery;

Statement of Cause of Death—Name, first, the DISEANE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Shock," "Narasmus," "Old Age," "Shock," carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, stated unless important. unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS State MEANS OF INJULY can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (secondary or intercurrent) affection need not be "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PA:

S. W. BARBER, M. D. CE OFFICE HOURS: **REG. NO. 7097** Burker mut to tide afer. 6 with purmonia. He untructed In huse. Certification Bachel Dure Eleliera Local Reg. 218

11

PLACE OF DEATH	STATE OF MARYLAND
County MMMM	CERTIFICATE OF DEATH
	Registration Dist. No. 2 1 \( \frac{1}{2} \)
Village or City Minsmylmo.  2FULL NAME Helliam Milu	St.: Ward) (If death occurred in a hospital or institu-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Opril 29 , 195/ (Month) (Day) (Year)
6 DATE OF BIRTH  (Month)  (Day)  (Year)	that last saw h malive on 1920.
7 AGE  8 7 yrs. 10 mos. 19 ds. or min.	. The CAUSE OF DEATH * was as follows:
a) Trade, profession or Returns	Emine alleno Selime
(b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)	Contributory College Secondary
10 NAME OF FATHER Nathan Fowler  11 BIRTHPLACE	(Signed) (Address) M.D.
OF FATHER (State or country)  12 MAIDEN NAME)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Clanson Kelsey	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of death?
(Informant) Mrs W"M Fowler  (Address) Kinsmym. Md	Former or usual residence
Filed 4-29 193/ Wd Jour	20 UNDERTIKER ADDRESS  WILLIAMS ROCKULLE
If more banks are needed, addre.a Ltate Registre	ir, 16 W. Saratoga St., Balto., Requisiting V. S. No. 1.

CAMOT.

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery; (a) Foremon, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewije, Housenature of the husiness or industry, and therefore an Civil engineer, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken whatever, write None. business, that fact may be indicated thus; Former treor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-," etc., without more precise specification as Day Foremon, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Womyrs). Stationary fireman, etc. But in many For persons who have no occupation

spinal meningitis"); Diohtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerewos pinal EAR E CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dis-Typhoid fever (never report "Typhoid Pneumonia"); time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

> stated unless important. Example: Measles (disease inges, perilonacum, etc., Corcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ezhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercarbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railwoy train as fracture of skull, and consequences (e. g., scpsis, American Medical Association.) approved Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions," FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on cough; Chronicetc. The contributory valvular Nomenclature heart not be disease;

answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all questions must be obtained before the certificate is

permanently filed.

45	1PLACE OF DEATH	14736 STATE OF MARYLAND
EX B	County Monta	CERTIFICATE OF DEATH
d p	County	Registration Dist. No. 217
CORD od EXACTLY, erly classifie	Village or City Olney (No Most, Co, 5	St.: Ward)  (If death occurred in a hospitel or institution, give its NAME instead of number.)
7 20	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
be st be pr	3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. Single Whate Wildows or DIVORCED (Write the word)	16 DATE OF DEATH Ope 2 5 , 1931 (Month) (Day) (Year)
BINDIP PERMA should tit may	6 DATE OF BIRTH 8 24 1910	17 I HEREBY GERTIFY, That I attended the deceased from approach 1981. to apr 25 1, 1931,
A A CE tha	(Month) (Day) (Yesr)	that I lest saw h folive on after 25 2 1921,
0 0 0	7 AGE If LESS than 1 day hrs. or min.?	and that deeth occurred on the date stated above, at A.d
KT supp supp n ter	OCCUPATION (a) Trade, profession or Stennaghan	( Sente appendicules
G IN Plant	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yra mos (D) do.
ADIN ADIN MPO	9 BIRTHPLACE (State or country) M.S.,	Contributory Contributed Programmes 2 ds.
MARCH UNF.	10 NAME OF FATHER Walter & Gates	(Signed) JOS M. D. Apt 26 1921 (Address) Sandy Spring Inf
ON S	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
- M	of MOTHER Margasethinght	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trens- lents or Recent Residents)
Inform state occupy	13 BIRTHPLACE OF MOTHER (State or Country)	At place
E Proping	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of deeth? Michanil was Mittaged — Former or usual residence No Tubbala
WRITE Every Item CIANS show statement o	(Informant) (Address) Por Reserve (Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  ROSAL COLUMN 116 700 7/2 7, 1931
B.—Ev	15 Filedafr 27 1923/ Cl Barnsley Registrar	20 UN DERTAKER Punglie Pockville
ż	fur issuff more bienka are naeded, addresa State Registrat	r, 16 W. Seratoga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthdefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day (b) Automobile factory. The material 6 Grocery,

Statement of Cause of Death—Name, first, the pisease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Tetanus) may be stated under the head of "contributory." tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of death and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic etc. The contributory valvular heart

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1931

Registration Dist. No. 217  St.: Ward)  (If death occurred is a hospital or institution, give its NAME in etend of etreet annumber.)
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH (Son 20 , 1929/ (Year) (Year)
that I last saw helf alive on a for 1923
and that death occurred on the date stated above, at 6 and me The CAUSE OF DEATH * was as follows:
Contributory Secondary  Contributory Secondary
(Signed). Control (Address) Such for the deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death
Where was disease contracted.  Where was disease contracted.  Former or grant famile R. J.
Burtonsville Gern. North apt 22, 1939 20 UNDERTAKER  Paul Barbert  Lautonsville  Lautonsville

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more record mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womsary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Automobile factory. The material (6) Grocery,

Statement of Cause of Death—Name, first, the Disterase Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify ali "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); ...... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia, "" "Weakness," etc., when a definite disease "Debility" ("Congenital," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY " "Heart failure," "Haemorrhage, Chronic valvular heart disease; "Senile," etc.), "Dropsy, etc. The contributory Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

X	PHYSI-	1 PLACE OF DEATH County Grontgom Erry	04738 STATE OF MARYLAND CERTIFICATE OF DEATH
	Hed		93-0 Registration Dist. No. 2/3
CORD	Tion Tion	Village or City Server (No	St.: Ward)    St.: Ward   (If death occurred a hospit of or institution, give its NAME is stend of street an number.)
•	ated	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
No.	Le st be pr	Single A COLOR OR RACE SINGLE.  MARRIED. MIDOWED.  OR DIVORCED  (Write the word)	16 DATE OF DEATH Office 27, 1935 (Month) (Day) (Year)
R BIND A PERN	Solt	State of Birth State 11 , 186 (Month) (Day) (Yea	17 I HEREBY CERTIFY, That I attended the deceased from
FO IS	00	7 AGE   If LESS the local day	
ERVED	term term ee in	a OCCUPATION (a) Trade, profession or P. T. A.	
RES ING IN	be carefully EATH In pla Important.	particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Contributory Contr
MARGIN		(State or country) Wash.	Secondary (Duration) yrs mos 10 d
MA	00 >	10 NAME OF John Honevel	(Signed) I Www M. M. E.
WITH	CAUSE CAUSE	of FATHER (State or country) alm, La.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	rmat te C	of MOTHER Susan C Starmon	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	f Inford stat	OF MOTHER (State or country) Baltu. And	At place of death yrs mos ds. State yrs mos d
刊	hould st of	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not st place of death?
WRIT	Every Ite CIANS SI statemen	(Address) Sensea. Ind.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Wash. D. 29 193
No. 1	BEv CI	Filed Of 27" 1931 Mrs. W. J. Pratte	This Sugar Hash. DC.
(T)	Z	If more blanks are needed, address State Regist	strar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

#### REVISED ERTIFICATE OF DEATH N STATES STANDARD

(Approved by U. S. Cennan, M. Ancrican Public Malth American)

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> Ether is the null answer all the state of the contributory around to incurrent affection need not be stilled unless important. Example: Mender (disease causing death 25 mg/lp. Leading to be stilled unless in portant. Example: Mender (disease causing death 25 mg/lp. Leading to be stilled unless and the secondary), 10 ds. Never the secondary may be secondary), 10 ds. Never the secondary may be secondary), "Doble on the secondary," "Debility" "Congenital," "Senie," etc. "Dropsy," "Ethantion," "Hart failur," "Unmorrhage," "Unmitten," "Marlinnes," "Old Age," "Shock," "Unmitten," "Valence," "The disease and the state of plants and sum quases to get solver, as interest of the injury, as interest of the injury, " ta a. For the party state seas of injury and quality a seminary state of the original definitely.
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> Limited to the contract of the original definitely. can be a verticed as the cause. Always qualify all disclude results that diddig the or miscarriage as "Pulnerant pulled the cause for what are all permits was understant or cause for what are all permits was understant. and the form P and Q has sometimes P and Q injury, unqualified, is indefrice ; d, is indefinite; Therealo of lungs, men-ralma, etc., Cartesian, Surcana, etc., of name origin; "Cane" i lead finite; avoid resultions on maximum of many of death for min ant contacto; Mossles;

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7	W	I. B Every

	PLACE OF DEATH	STATE OF MARYLAND
	County Montgomen	CERTIFICATE OF DEATH
		Registration Dist. No. 214
	0.00 81 · COV	# 1
tificate	Village or City X West Many (No. 17, 1	St: Ward) (If death occurred in a hospital or institu- tion, give its NAME is
	2 FULL NAME COLOR THEO WE	stead of street and number.)
Cer	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 01	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED.	16 DATE OF DEATH
back	male White (Write the word)	(Month) (Day) (Year)
u u	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
8	may 15 :1891	1923 to april 3, 1923
lon	(Month) (Day) (Year)	that I last saw hamalive on affile 2 1923
non	7 AGE	The state of the s
ıstr	34 yrs. 10 mos. 29 ds. or min.?	The CAUSE OF DEATH * was as follows:
0	OCCUPATION	
Se	(a) Trade, profession or particular kind of work	*
it d	(b) General nature of industry business, or establishment in	2
rta	which employed or (employer)	(Duration) yrs. mos. ds.
npo	9 BIRTHPLACE (State or country)	Contributory Secondary
y	1 10 NAME OF	(Duration)de.
Ver	FATHER OF CONTRACTOR STATE OF THE SECOND	(Signed). M. D.
0	M 11 BIRTHPLACE	2 Cymul 3192 (Address) 18 Slago Care Hard Mag
Z O	OF FATHER  Z (State or country)	Violent Causes, state (1) Means of Injury and (2) Whether
	12 MAIDEN NAME  OF MOTHER TI	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
2	13 BIRTHPLACE	ients or Recent Residents)
5	OF MOTHER	of deathyrsds. In the Stateyrsds.
1	(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of dea.h?
	1.0	Former or usual residence
100		usual residence and a second s
ne	(Informant) Lellel C. Hedgeld	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
areme	(Address) RF D# / Silver Spring hy	In addedoing and an 15., 1931
stateme	(Address) RFID#/ Silversfiring the	12 -111 - malal 15 21
stateme	(Address) RF D#/ Silver Spring che	middletown md apr 15. 1935

(Approved by U. S. Census and American Public Health Association.)

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answered in detail, it will prevent further correspondence. All the dath is essential and must be obtained before the certificate is permanently filed.

	1	,	2.4	
	so-	PLACE OF DEATH	1.4:40	STATE OF MARYLAND
FIL	Σ×	County Monta		CERTIFICATE OF DEATH
12	<u>a</u> .		(108)	0.11
	₹ e	00-1		Registration Dist. No. 214
	1.5	Village or City Deloce Springs	The section of the se	St.: Ward) (If death occurred in a hospit d or institu
Cac	EXA y clr.	VI.	(D) //	tion, give its NAME 1. stead of street an
	1 - 1	2FULL NAME Inginia	Or. Hen.	numher.)
	pe	PERSONAL AND STATISTICAL PARTICULAR	RS MEDIC	CAL CERTIFICATE OF DEATH
- 2	star pro of c	3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH	
5	ck ce	While Whole OR DIVORCED	orugo	alie) 26, 1981
0 3	ould may n bad	(Write the word)	aprè	(Month) 26 (Day) 193/ (Year)
Z		6 DATE OF BIRTH	17 I HEREB	Y CERTIFY, That I attended the deceased from
E a	E th	nov 23	864 06-01	198) to 198/
A 4	that of	(Month) (Day)	(Year) that I last saw h Am	J. alive on
0 2	ed. AC is so th structio	7 AGE	ESS than and that death occu	rred on the date stated above, at 4155 m
0 =	ed			TH * was as follows:
E E	upplied. terms s	6 OCCUPATION ds. or	min.?	Alabahan of heart
F !	sup n te See	(a) Trade, profession or		1
E Z	> 0	Particular kind of work / OUSE Wife (b) General nature of industry		
E C		business, or establishment in	18	Duration)
T Z	F 100	witch employed or (employer)	Contributory	Lollar Joneumais
A C	ATH impo	9 BIRTHPLACE (State or country)	Secondary	
W 1	d b	10 NAME OF		(Duration) yrsds.
MA =	34.0	FATHER NOT HOUSE	(Signed)	M. D
I	Sho B	O II BIRTHPLACE	Opril 27 4	(Address) 6900 Woodsude Md
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	TIGA	C. 12 MAIDEN NAME	Accidental, Suicidal	or Homicidal.
>	Eod	of MOTHER Joursia Hamen	ients or Recent Re	ESIDENCE (For Hospitals, Institutions, Trans
	003	13 BIRTHPLACE OF MOTHER 7. ()	At place	In the
See and	0000	(State or country)	of deathyrs	
Q	199	4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease con- if not at place of dea	iracted,
E	sing ent	St 11/2	Former or usual residence	
'RI	30	(Informant) Dlanley Item	19 PLACE OF BURIA	L OR REMOVAL DATE OF BURIAL
5	IAN	(Address) of Threidale 7	Rage	1 Wash. 4/28 .31
1	Sta	15 11/00 9 4 10 00	1 20 UNDERTAKER	ARDRESS
	m	Filed 4/27 1981 To Wull	attack of R	2 Bush Rockvella
6	Z.	If more hanks are peeded olders state	Registrar 16 W Saveton St	Bulton Requesting V. S. No. 1. Mil

The is a supply of

(Approved by U. S. Census and American Public Health Association.)

ployed, as Al school, or Al home. Care should be taken (a) Foreman, (b) Automobile factory. The material or given up on account of the DISEASE GAUSING DEATH, state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. gaged in domestic service for wages, as Servant, Conta to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Physician, business, that fact may be indicated thus; Farmer Housemaid, etc. For many occupations a single word or term on or At Home, and children, Farm laborer, Laborer-Coal mine, etc. Wom-Compositor, For persons who have no occupation If the occupation has been changed Architect, not gainfully em-Locomolive engineer,

Statement of Cause of Death—Name, first, the bisEASE CAUSING DEATH (the primary affection with respect,
to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pointly
fever (the only definite synonym is "Epidemic cerebtospinal meningitis"); Diphtheria avoid use of "Croup");
Typhoid fever (never report "Typhoid Pneumonia");
Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e.g., sepsis, selections) may be stated under the head of "contributory." American Medical Association.) approved by Committee on accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); (Recommendations on statement of cause of or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid - probably suicide. Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJUNY peritonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic valvular heart disease; The n. ture of the injury, etc. The contributory Nomenclature "Shock," Monsles; death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City luly (No. Mont. Co.	Registration Dist. No. 217  St.: Ward)  Ward)  (If death occurred in a hospitel or institution, give its NAME insteed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
Oct 6 th, 1875  (Month) (Day) (Year)	that I last saw h Maive on Apr 30 th, 1987,
7 AGE    If LESS than   I day hrs.   or min.?	and that death occurred on the date stated above, at / 23 7, m. The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Secondary  (Duration)  yrs.  g2 krs  ds.
10 NAME OF FATHER John Struton  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF THE STRUCTURE	(Signed) Charles (Address) M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trensients or Recent Residents)  At place of death star mos discounted to the left of
(Informant) Columbia Statutes  (Address) Beltoville 34  Filed 4-30 19131 Charusley	Former or usual residence Geltsville mid  19 BLACE OF BURIAL OR REMOVAL  20 UN DERTAKEBILLEN LOS APPRESS  APPRE
Registrar	, 16 W. Saretoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. cupation is very important, so that the relative healthtired 6 yrs). business, that fact may be indicated thus; Farme state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. to report specifically the occupations of persons household only (not paid Housekeepers who receive a For many occupations a single word or term on 07 especially in industrial employments, it is neces-Farm laborer, Laborer-At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation If the occupation has been changed -Coal minc, etc. Wom-The quesmaterial Grocery; en-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by (Recommendations on statement of cause of death carbalic acid-probably suicide. The nature of the injury, Letanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Nomenclature ChronicExample: Measles (disease etc. valvular heart disease; The contributory Always qualify all " "Convulsions, Measles;

If this certificate is looked over thoroughly and all questions canswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is prevently filed.

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PLACE OF DEATH	STATE OF MARYLAND
County Monta outry	CERTIFICATE OF DEATH
	Registration Dist. No. 2/3
neam y	,
Village or City Vermanton (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in
2FULL NAME Saraha Au	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale A COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, Widowed of Divorced (Write the word)	16 DATE OF DEATH OF 193 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
9/1/8/2 luch 1 thick	198/. to
(Month) (Day) (Year)	that I last saw heralive on pull 16 198 f.,
7 AGE	and that death occurred on the date stated above, at
about 8 yrs. wicken mos. Mukes day hrs.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	The state of the s
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in	7 A
which employed or (employer)	(Duration) ves. mos. o de.
9 BIRTHPLACE (State or country) Manage L -	Contributory Secondary
1 10 NAME OF 9	(Durstion) yrs
FATHER Muleum	(Signed) What Described M. D.
OF FATHER	(Address) Wallsonia Ma
Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	icnts or Recent Residents) At place In the
OF MOTHER (State or country)	of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
7. 1	Former or usual residence
(Informant) Mrs Lune Navio	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) R. F. V. Termandon M.C.	Ermon Trace april (8' 1931
15 5 10 16 (60 10) (1/15 A America March	20 UNDERTAKER O ADDRESS
Filed 193 ( C) A Period MO Registrar	Ernest Tartuer Gaithershy
If more bianks are needed, addres State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from ployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesmon. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None.. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement.

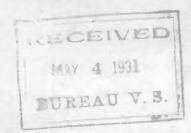
Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Furmer or Planter, Statement of Occupation - Precise statement of oc-Foreman, (b) Automobile foctory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Luborer-Coul mine, etc. Wornwithout more precise specification as Day Stationary fireman, etc. But in many Locomolive (b) engineer, Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever 'never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tetanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be (secondary or intercurrent) Example: Measles (disease ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma. etc., of carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL peritonilis," etc. diseases resulting from childbirth or miscarriage as causing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association. approved by Committee on Nomenclature of the as fracture of skull, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Chronic interstitial nephritis, (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; for malignant neoplasms); Measles; Chronic and consequences (e.g., sepsis, etc. The contributory valvular heart Always qualify all disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is assential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2// (If death occurred In a hospital or institu-tion, give its NAME in-stead of street and Ward) number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE | 5 SINGLE, 3 SEX 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED (Write the word) (Month) (Day) 6 DATE OF BIRTH I HEREBY CERTIFY, That Lattended the deceased from (Month) (Day) 7 AGE IIf LESS than and that death occurred on the date stated above, at 6 I day hrs. The CAUSE OF DEATH ds. or min.? 8 OCCUPATION M(a) Trade, profession or ESER particular kind of work / was Mb) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE Secondary (State or country) MARGI (Duration) 10 NAME OF FATHER 0 (Address) 11 BIRTHPLACE (C) [13] OF FATHER CAUS RENT \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-4 state ccup/ ients or Recent Residents) 13 BIRTHPLACE At place of death... la the OF MOTHER (State or country) 00 Where was disease contracted, E if not at place of death? 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE shot CIANS short statement of Former or usual residence (Informant) 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL dellecada bainele 20 UNDERTAKER ADDRESS Registrar If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. ited EXACTLY
pperly classifie (If death occurred in Ward) a hospital or institution, give its NAME in stend of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. OR DIVORCED Write the word) .....(Day) (Year) (Month) DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from (Day) (Month) (Year) 7 AGE If LESS than and that death occurred on the date stated above, I day hrs. was as follows: ds. or min.? BIOCCUPATION (a) Trade, profession or particular kind of work carefully (b) General nature of industry business, or establishment in Importa (Duration) which employed or (employer) ATH Contributory 9 BIRTHPLACE Secondary (State or country) D W (Duration) OF 10 NAME OF ĹL. O 1931\_ (Address) 11 BIRTHPLACE S C \*State the l'iscase Causing Peath, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether PA O ш CA Accidental, Suicidal or Homicidal. 0: 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-State iente or Recent Residents) 13 BIRTHPLACE At place OF MOTHER In the of death .....yrs.....mos......ds. 00 Where was disease contracted, 0 OFF MY KNOWLEDGE if not at place of dea h?... shou Every item CIANS sho statement Former or usual res.dence DATE OF BURIAL (Address) If more banks are needed, address tate Kegistrar, 16 W. Saratoga St., Balto., Requesting V. S. I.o. 1.

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(Approved by U. S. Census and American Fublic Health Association.)

en at home, definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emtired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is necesthe first line will be sufficient, e.g.. Farmer or Planter, tion applies to each and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, nature of the business or industry, and therefore an Civil engineer, whatever, write None. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, worked on may form part of the second statement. ner, (b) Cotton mill; (a) Salesman, (b) Grocery. Foreman, (b) Automobile factory. The material For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISTERAGE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Recommendations on statement of cause of death 'telanus' may be stated under the head of "contributory." -American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease st\_ted unless important. Example: Mcasles (disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomatie), "Atrophy." "Collapse," "Coma," "Convulsions," eausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as Chronic etc. The contributory valvular heart disease; not be

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	PLACE OF DEATH  County Montanneyy	STATE OF MARYLAND CERTIFICATE OF DEATH
		Registration Dist. No. 773
Vill		Town Daw, 94 (Mosy St.: Ward)  a hospital or institution, give its NAME instead of street and number.)
===	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 S	A COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH , 192
6 D	DATE OF BIRTH  Sent. 5, 1866  Month) (Day) (Year	17 I HEREBY CERTIFY, That I attended the deceased from  Mar 8   1921. to 9   1921.
7 A	If LESS the law hos. 27 ds. or mis	rs. The CAUSE OF DEATH * was as follows:
(a pi (b	a) Trade, profession or articular kind of work	Hyperessen
	usiness, or establishment in which employed or (employer)	Contributory Secondary  Contri
1	FATHER BOUNDANIMONE	(Signed) Dales M. D.
ENTS	OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, In desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAR	OF MOTHER amelia Stoddark	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	OF MOTHER (State or Country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death
14 1	(Informant) Sanitarium Recorde	Former or usual residence 1412 Chapin St Wash, D.C.
15	(Address) Jakoma Park, DC. Filed Gloy 1 1921 Alex Logare	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  ADDRESS  ADDRESS
	/ Registrar	trar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
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(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—coat mine, eve. woun-en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Salosman, (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (79 or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Housemaid, etc. If the occupation has been changed Foreman, or At Home, and children, For many occupations a single word or term on yrs). Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material -Coal minc, etc. not gainfully em-Grocery, Wom-

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only 'definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-Whooping cough; Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY Committee on Nomenclature Chronic etc. valvular heart Always qualify all The contributory disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 21 (If death occurred In Ward) cortificate. a hospital or institution, glve Its NAME it stead of street and number.) 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED may (Write the word) (Month) .....(Day)... 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from that I last saw hadd alive on ... (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at . I day hrs. or. min.? (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE (State or country) (Duration) 10 NAME OF (Signed) FATHER 11 BIRTHPLACE OF FATHER Z \*State the Disease Causing Death, or, An deaths Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAME C OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death ... \_\_\_\_yrs...... mos...... ds. State yrs mos ds. (State or Country) Where was disesse contracted, if not at place of death? 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWL usual residence DATE OF BURIAL If more bianks are needed, address State Registrat, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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MARGIN

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scruant, Cook, work, or At Home, and children, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (a) the kind of work and also (b) the not gainfully em-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injury "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anacmia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-"Congenital," "Senile," etc.), "Dropsy, Chronic valvular heart etc. The contributory Nomenclature of the disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

ECORD EXACTLY, PHYSI-	Village or City Cobville (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2/3  St.: Ward)  (If death occurred in a hospital or institution, give its NAME in etcad of street and number.)
ted per l	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RITE PEALY, WITH UNFADING INKTHIS IS A PERMAINT Item of Information should be carefully supplied. ACE should be stated should state CAUSE OF DEATH in plain terms so that it may be proper	PERSONAL AND STATISTICAL PARTICULARS  3 SEX  4 COLOR OR RACE  WIDOWED, WIDOWED, OR DIVORCED (Write the word)  7 AGE  16 LESS than 1 day hrs. or min.?  OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  11 BIRTHPLACE OF MOTHER (State or country)  12 MAIDEN NAME OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)  ROCKWILL  A COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, OR DIVORCED (Write the word)  (Foat)  14 TAGE  15 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)  (Month)  (Day)  (Fear)  16 LESS than  17 LESS th	MEDICAL CERTIFICATE OF DEATH  16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 that i last saw h busine of Landon and the deceased from 192 to 192 that i last saw h busine of Landon and the deceased from 192 to 192 that i last saw h busine of Landon and Landon a
BEvery	Filed 4/16 1923/ Mis M. J. Osell Registrar	Washington AC, aprilly, 195, 20 UNDERTAKER DE Cockerlle M.
bi z	If more bianks are needed, address State Registrat	r, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, fulness of various pursuits can be known. cupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; i sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter. tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Foreman, especially in industrial employments, it is neces-For many occupations a yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The materia For persons who have no occupation single word or term on 6 The ques-Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropey,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory. as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping American Medical Association.) approved by Committee on (Recommendations on statement of cause of death (secondary or intercurrent) affection need not be "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic Carcinoma, Sarcoma, etc., of Example: Measles (disease etc. valvular heart disease; Nomenclature of the The contributory

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No. 1

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N. B.-

-		PLACE OF DEATH County Moul soully	04748	STATE OF M	
		6 7 .	93-6	Registration D	Dist. No. 2/3
	Vil	2FULL NAME John C. R	ley	St.: Ward)	(If death occurred In a hospital or institu- tion, give its NAME in- stead of street and number.)
-	-	PERSONAL AND STATISTICAL PARTICULARS	MEDICA	L CERTIFICATE O	F DEATH
	3 5	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Mant WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH	April (Month)	//-, 1923 /(Day) (Year)
	6 [	DATE OF BIRTH	17 I HEREBY		nded the deceased from
		(Month) (Day), 1862 (Year)	that I last saw h MA	alive on agu	, 192 ,
	7 4	If LESS than I day hrs. or min.?	and that death occurre The GAUSE OF DEATH		above, at 1 TA, m.
A	OP (I	a) Trade, profession or Lock Keepin on C. C.  conticular kind of work Lock Keepin on C. C.  b) General nature of industry  considerablishment in		<i>f</i>	1/2 hour
0	2"	BIRTHPLASE (State or country)	Contributory	(Duration)	yrs most de
		10 NAME OF FATHER William H Riley	(Signed) Up land	(Address)	use M.D.
	STNE	OF FATHER (State or country) Irland	*State the l is Violent Causes, sta	ease Causing Death, te (1) Means of Injury r Homicidal.	or, In deaths from ury and (2) Whether
	PARE	OF MOTHER Kathering & . Elliolt		IDENCE (For Hospita	nis, Institutions, Trans-
		13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmc	osds. In the State	yrsds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		if not at place of death	?	
		(Address) PF Deguantoun hed	19 PLACE OF BURIAL	OR REMOVAL	DATE OF BURIAL
	15	Filedapuil (1 1931 Uplied Jours Tu)	Rubba Pur	This l	Rochville med
	-	If more banks are needed, address tate negistrar	, 16 W. Saratoga St., B	alto., Requesting V. S	, i.o. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from er," etc., Civil engineer, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. g. ged in domestic service for wages, as Screaul, Cook, Housenuid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm luborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salcsman, without more precise specification as Day Compositor, Architect, Locomotive For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many 6 engineer, Grocery;

Statement of Cause of Death—Name, first, the Dis-EALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typheid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> lelanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death carbolic acid-probably suicide. The n.ture of the injury, approved by Committee on "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping use of "Tumor" for malignant neoplasms); inges, perilanaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, resulting from childbirth or miscarriage as cough; Chronic ," etc., when a definite disease Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Nomenclature Measles ;

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PLACE OF DEATH	04749 STATE OF MARYLAND
County monda onle	CERTIFICATE OF DEATH
	Registration Dist. No. 7   6
Village or City & USY Chand 408	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME / Virginia X	tion, give Its NAME instend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Terrall White (Write the word)  4 COLOR OR RACE 5 SINGLE, MARRIED, MANNEY OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	that it a sample States her alive 192,
7 AGE  26 yrs. 10 mos. 10 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Sas with Suidal / Politich (Duration) yrs mos ds.
9 BIRTHPLACE (State or country) Washingler, D. 6	Contributory Secondary  (Duration) yrs. /mosde.
10 NAME OF FATHER CERTIFIC Z. Cross	(Signed) Thomas K. Comad M.D. 4-25-1931 (Address) Bhury Chase, Md
OF FATHER (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causas, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Sau June Dey	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) termeth D Scalis	Former or usual residence
(Address) 408 Tayler 11	Washington, D. 6 apr 25, 1931
Filed 4-25-1931 Flower (Could	www handry 6? 1400 blooking
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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laborer, Farm laborer, Laborer business, that fact may be indicated thus; Farmer (n state oecupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of oc whatever, write Nonc. Foreman, or At Home, and ehildren, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation (b) Cotton mill; (a) Salesman, without more precise specification as Day (b) Automobile factory. The material -Coal mine, etc. Wom-(b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup" "Typhoid fever (never report "Typhoid Pneumonia.")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," approved by Committee on Nomenclature of the ictanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. ean be ascertained as the cause. Always qualify all "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary) stated unless important. inges, peritonaeum, etc., Carcinoma, Surcoma, American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, (secondary or intercurrent) Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train ..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse, Never report mere symptoms or terminal condi-Example: Measles (disease ," "Coma," "Convulsions, affection etc. The contributory valvular heart disease; need not be etc., of

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WAY 7

PLACE OF DEATH	STATE OF MARYLAND
County Moulgarity.	CERTIFICATE OF DEATH
Rockvelle	Registration Dist. No. 2/3
Village or City (No	St.: Ward)  (If death occurred I a hospital or institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATION
3/SEX 4 COLOR OR NACE 5 SINGLE.	MEDICAL CERTIFICATE OF DEATH
Truale Their MARRIED, Married (Write the word)	16 DATE OF DEATH Copul 3, 193/
8 DATE OF BIRTH  May 7  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I extended the deceased from 192 (10 ) 1
7 AGE [If LESS than	
73 yrs. // mos. 27 ds. or min.?	
8 OCCUPATION (a) Trade, profession or particular kind of work	Opo plays
(b) General nature of industry ousiness, or establishment in which employed or (employer)	Ourstion) yes 3 mos ds
9 BIRTHPLACE (State or country)	Contributory Wents Dellevais  (Duration) yrs mos de
10 NAME OF Dr. Franklin Bohry	(Signed) Q Janoba M. D
OF FATHER  (State or country)  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mary Owens.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents)  At place In the of deathyrsds. Stateyrsds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of death?
(Informant) Mrs. Medra Bailey	Former or usual residence
(Address) R. F. D. Rockville Mid	To chrelly Union Cery April 6, 19 3
Filed 4-4 1923/ Mrs. W. J. Pratt Registrar	Um Pruby Jumphry Pockvelle
If more bianks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthsary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enhou ehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup") fever (the only definite synonym is "Epidemic cerebro ed term for the same disease. Examples: Cercbrospina EAS : CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISto time and causation), using always the same accept-Typhoid fever (never report "Typhoid Pneumonia") pneumonia, Bronchopneumonia ("Pneumonia,

> inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, ..... (name origin; "Cancer" is loss definite; avoid "PUERPERAL septicacmia," "PUERPERAL perilonitis," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy," (E.:haustion," "Heart failure," "Inaemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all American Medical Association. approved by (Recommendations on statement of cause of identifinay be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJU.Y cough; Committee on Nomenclature Chronic valvular heart disease etc. The contributory

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If more branks are needed, address State Registrar, 16 W. Saratog St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopmeumonia ("Pneumonia";

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American Medical Association.) telanus) may be stated under the head of "contributory." carbolic acid-probably suncide. The n-ture of the injury. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiscases resulting from childbirth or miscarriage as "PUERPERAL septicacmio," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart lanure, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; approved as fracture of skull, and consequences (e.g., sepsis accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, can be ascertained as the cause. Always qualify all (secondar/ or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma, Never report mere symptoms or terminal condiby Committee on Nomenclature cough; "Heart failure," "Haemorrhage," Chronic etc. affection need not valendar heart The contributory " "Convulsions, disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH  County Montg	STATE OF MARYLAND CERTIFICATE OF DEATH
County Tonkey	Registration Dist. No. 2/3
Village or City Down Jochicho.  2FULL NAME Thomas B. Six	St.: Ward)  St.: Ward)  a hospitel or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)  6 DATE OF BIRTH  (Month) (Day) (Year)	16 DATE OF DEATH  (Month) # (Day) 192  17 I HEREBY CERTIFY, That I attended the deceased from March 36 125/. to Colon # 195/., 195/., 195/.,
7 AGE  94? yrs. mos. ds. lf LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
a) Trade, profession or particular kind of work  (b) General nature of industry (business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	(Durstion) yrs. mos ds.  Contributory Secondary (Durstion) yrs. mos ds.
10 NAME OF FATHER  11 BIRTHPLATE OF FATHER  (Stabe of country)  12 MAIDEN NAME	(Signed) (Address)
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)	Is LENGTH OF RESIDENCE (For Hospitals, Institutions, Trensients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,
(Informate) (Address) (Address)	Former or usual residence
Filed 4-16 1923/ Mus. W. J. Craft Registrar  If more blanks are needed, address State Registras	20 UNDERTAKER ADDRESS  Warner E. Lumpliney Rockrille Md.  7, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dcalwhatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, know (a) the kind of work and also (b) the without more precise specification as Day Laborer--Coal minc, etc. Wom-

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia,

> approved by Committee on telanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. American Medical Association.) Recommendations on statement of cause of death cough; Chronicetc. The contributory valvular Nomenclature Always qualify all "Haemorrhage, heart not be disease;

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all questions

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD LAN FOR BINDING NLF, WITH UNFADING INK--THIS IS A PERM. MARGIN RESERVED WRITE PL V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Montgon	CERTIFICATE OF DEATH
C.	Registration Dist. No. 2/5
Village or City Azaland (No.	St.: Ward) (If death occurred in
2FULL NAME John Smill	ward) a hospital or institu- tion, give its NAME ir- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
apr 27 . 1931	1921. to Afrage 28 , 1923/,
(Month) (Day) (Year)	thet I lest sew home alive on Africa, 1923,
7 AGE [If LESS than	and that death occurred on the date stated above, at m.
1 day 22 hrs.	
yrs,ds. ormin.?	Lazamaly Durkh
(a) Trade, profession or	I from account
particular kind of work	
(b) General nature of industry business, or establishment in	22 hours
which employed or (employer)	(Duration)yrsmosds.
BIRTHPLACE (State or country)	Contributory Secondary  (Duration)
10 NAME OF FATHER IN IN IN IN	(Signed) / / D / Survey M. D.
11 DIDTHDI ACE	apr 28 1931 (Address) Lay tous rulle med
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Dallie Smille	18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	
(State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Wm W Lmille	Former or usual residence
(Address) Draved	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Redland.  20 UNDERTAKER  ADDRESS
Filed Oper 28 1923/ V Ty Dyson Registrar	Poy w Borber Lay hour ille 2
If more branks are needed, address State Registra	r, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., should be used only when needed. As examples: (a) nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ezhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); American Medical Association.) carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic valvular heart disease; Example: Measles (disease affection need not be etc. The contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH	04754
County Monta Co	STATE OF MARYLAND CERTIFICATE OF DEATH
20, 0-1	Registration Dist. No. 216
Village or City Dating Sons (No. 2FULL NAME Sarah X S	St: Ward)  (If denth occurred is a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  April 29, 1923/  (Month) (Day) (Year)
6 DATE OF BIRTH  March 25, 1867  (Month) (Day) (Year)	I HEREBY CERTIFY. That I attended the deceased from 77 195/ to Smile 79, 195/ that I last saw her alive on April 29-13/
7 AGE    If LESS than   I day hrs. or min.?	and that death occurred on the date stated above, at 12.45 m The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Duration) — 718 — mos 7 ds
9 BIRTHPLACE (State or country)	Contributory Secondary  Suration Tes de de
11 BIRTHPLACE OF FATHER OF FATHER OF FATHER	(Signed)///Leller Andrews M. D. H. D. (Address) Attackay W.
OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  Amagenta for some of the state of the s	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ients or Recent Residents)  At place of desth
(Informant) Mrs. N. C. Wade	Former or usus! residence
(Address)	19 PLACE DF BURIAL OR REMOVAL DATE OF BURIAL May 1, 19 31
Filed Registra J 1931 Benj C Hurch Registra	20 UN DERTAKER  W. Reulyw Curephrey & Rockeville  16 W. Saratoga St., Balto, Requesting N. J. No. 1.
at more vidines are nected, addid.s State Registrat	, 10 m. Daratoga Dt., Darto., Requesting 7. Q. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queser," etc., without more precise car mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Groeery, (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planler, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook Housemaid, etc. If the occupation has been change definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken hou ehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write None. or At Home, and children, not gainfully em-I'or many occupations a single word or term on Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosspinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

permanently filed.

answered in detail, it will prevent further correspondence.

ssential and must be obtained before the certificate is

atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Taemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, inges, perilonaeum, etc., Careinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomtelanus) may be stated under the head of "contributory." (secondary Whooping cough; American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, aecident; Revolver wound of head—homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. If this certificate is looked over thoroughly and al qu stions Never report mere symptoms or terminal condi or intercurrent) Chronic valvular etc. affection need The contributory Always qualify all heart disease; not be

V. S. No. 1.

S	)	should be carefully supplied. AGE should be stated EXACTLY PHYSICIANS DEATH in plain terms, so that it may be properly classified. Exact statement of
	RECLO	EXACTLY ssiffed. Exa
	LY, WITH UNFADING INK-THIS IS A PERMANEN, REC. D	uld be stated
	HIS IS A	. AGE sho
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מו	TH UNFADI	d be carefu
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ounty.					

04755

#### STATE OF MARYLAND CERTIFICATE OF DEATH

		Registration Dist.	No. 2	
/illa	ne or City near Clarksburg (No, — no name***** Abo	st; Ward) rtion Spring	[if death occurred to a hospital or institution, give its NAME instead of street and number.]	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH	
SE	White Single MARRIED, WIDOWED OR DIVORCED (Write the word)	Apr. 23. 1933 (Month)		
DA	TE OF BIRTH	HEREBY CERTIFY. That I atte		
	Apr. 23 1931(Day), 1. (Year)	that I last saw h alive on		
AG	1 14 1 200 11	and that death occurred on the date stated above, at		
_ bs	CCUPATION  a) Trade, profession, or reflection of work	Abortion		
200	) General nature of industry siness, or establishment in nich employed (or employer)	(Buretion)	. yrs mes. ds.	
_	(State or country) Maryland	Secondary Secondary		
	10 NAME OF Raymond Spring	(Signed) Apr. 23, 1931 Barnes	* , M 0.	
RENTS	11 BIRTHPLACE Maryland. (State or country)	State the Disease Causing Death, or, in Causes, state (1) Means of Injuny; and (2)	- 0000004	
PAR	of Mother Alla May Burdette	SUICIDAL OF HOMICIDAL  18 LENGTH OF RESIDENCE (FOR HOSPITALS IN		
	13 BIRTHPLACE OF MOTHER (State or country) Marvland	Al place In this of deeth yrsmes		
14 T	(Informant) Raymond Spring	It act at place of death ?  Former or  esual residence		
	(Address) (! lathesterty BFW)	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL	
FI	180 Afr 17 19131 Willians Levois Freal REGISTIAR	20 UNDERTAKER	ADDRESS	

Approved by U. S. Census and American Public Health Association.;

business, that fact may be indicated thus: Farmer (retired engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekrepers of the second statement. Never return "Laborer." "Foreman," "Managor," "Douber," etc., without more only when needed As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed wife, Housework, or At Home, and children, not gainfully precise specification as Day laborar, Furm laborer, Laborer mobile factory. The material worked on may form part mill; (a) Salesman, (b) trocery; (a) Foreman, (b) Autobusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the engineer, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age tion is very important, so that the relative healthful-Coul mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the various pursuits can be known. The question For persons who have no occupation whatever Stationary fireman, etc. But in many cases, Women at home, who are engaged in At home. Care should be Locomotive engineer, 1242)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"), Typhoid fever (never report "Typhoid pneumonia," Lobur pneuroonia Bronchopneumonia ("Pneumonia," tobur pneuroonia Bronchopneumonia of lungs, meningualified, is indefinite); Tuberculosis of lungs, meningualified, is indefinite);

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory" and consequences (e. suicide. The nature of the injury, as fracture of skull head-homicide; to determine definitely. Examples Accidental drowning SUICIDAL, OF HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent Deaths "PUERPERAL perdonibis," etc. State cause for which birth or miscarringe as "Puenpenal seplichormia," etc., when a definite disease can be ascertained as the "Heart failure," "Homorrhage," "Inantion," "Maras-mus," "Old Age," "Shock," "Tractua," "Weakness," hapse." "Coma," "Convul genital, "Senile." etc.). symptoms or terminal conditions, such as "Asthenia," Enample: Measles (di-ease causing death), 29 ds.; Bronrent) affection need not be stated unless cough; Chrome catealus least disease; Chronic interstitia "Tumor" for mahgnant neoplasms); Measles; Whooping Struck by rathray trons-accident Resolver wound cause. Always qualify all diseases resulting from childchopheumonia (secondary). 10 ds. neghriles, etc. The contributory (secondary or intercur-"Anaemia" (mercly symptomatic), "Auspage (mercly symptomatic), "Debility" Possoned by carbolic g., sepsis, lelanus) may be stated "Propsy." Never report mere "Atrophy," Recommendations and - probably "Exhaustion." important.

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2/3 classified (if death occurred in Ward) a hospital or institu-tion, give its NAME incertificate. number.) **2FULL NAME** PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH 3 SEX may be n back OR DIVORCED pino (Month) (Day) 6 DATE OF BIRTH (Month) (Day) IIf LESS than 7 AGE I day hrs. or min.? (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)..... Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE \*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER (State or country) RE 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER state CCUP/ ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death ......yrs......mos......ds. (State or Country) 0 Where was disease contracted, if not at place of death?.. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Every item. CIANS sho statement usual residence. (Informant) DATE OF BURIA 19-PLACE OF BURIAL OR (Address) Filed 4/12 If more bianks are needed, address State Registrar, 16 W. Saratoga St.,

RESERV

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH laborer, Farm laborer, worked on may form part of the second statement. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, yrs). without more precise specification as Day Cotton mill; (a) Salesman. For persons who have no occupation (b) Automobile factory. The material Laborer-Coal minc, etc. Wom-Architect, Locomotive engineer, not gainfully em-6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely "PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease American Medical Association. approved by accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of as fracture of skull, Examples: Accidental drowning; Struck by railway train-(secondary Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage as cough; or intercurrent) affection need not be Committee Chronic and consequences (e.g., sepsis on Nomenclature etc. valvular heart The contributory disease;

If this certificate is looked over thosoughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



PERSONAL AND STATISTICAL PARTICULARS  5 SEX  4 COLOR OR RACE  5 SINGLE, MARRIED, WIDOWELD, CR. DIVERSED  (Write him word)  6 DATE OF BIRTH  15 DATE OF BIRTH  16 DATE OF BIRTH  17 I HEREBY CERTIFY, That I attended the decreased for heat I least saw here as follows:  18 OCCUPATION  (a) Trade, profession of particular kind of work business, or establishment in which employed or (employed)  10 NAME OF FATHER  11 BIRTHPLACE  OF FATHER  12 OF FATHER  13 BIRTHPLACE  OF FATHER  (Stato or country)  11 BIRTHPLACE  OF MOTHER  OF MOTHER  (Stato or country)  12 IMAJEN NAME  OF MOTHER  (Stato or Country)  13 BIRTHPLACE  OF MOTHER  (Stato or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Stato or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  Former or usual residence.	PLACE OF DEATH  County Montgomers	(14757 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2/4
3 SEX  A COLOR OR RACE  MARRIED, WIDOWED OR DIVORCED OR DIVORCED (While the world)  (Month)  (Day)  (Year)  1 HEREBY CERTIFY, That I attended the decreased for the state of t	101 1	tion, give Its NAME in
BOATE OF BIRTH  OATE OF BIRTH  (Month) (Day) (Year)  (If LESS than leave he alive on the data stated above, at fact that I last saw he alive on the data stated above, at fact that I last saw he alive on the data stated above, at fact that I last saw he alive on the data stated above, at fact that I last saw he alive on the data stated above, at fact that I last saw he alive on the data stated above, at fact that I last saw he alive on the data stated above, at fact that I last saw he alive on the data stated above, at fact that I last saw he alive on the data stated above, at fact that I last saw he alive on the data stated above, at fact that I last saw he alive on the data stated above, at fact that I last saw he alive on the data stated above, at fact that I last saw he alive on the data stated above, at fact that I last saw he alive on the data stated above, at fact that I last saw he alive on the data stated above, at fact that I last saw he alive on the data stated above, at fact that I last saw he alive on the data stated above, at fact that I last saw he alive on the data stated above, at fact that I last saw he alive on that I last saw he	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
(Month) (Day) (Year)  TAGE    If LESS than   Iday   International   Iday   International   Iday   International   Iday   International   Iday   International   Iday   Ida	MARRIED, WIDOWED, OR DIVORCED	(Month) (Day) (Year)
Iday hrs.   The CAUSE OF DEATH * was as follows:	ner 95 , 1	Sept 15 1927 J. to april 28 , 1921
(a) Trade, profession of particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer).  (b) General nature of industry business, or establishment in which employed or (employer).  (c) General nature of industry business, or establishment in which employed or (employer).  (c) General nature of industry business, or establishment in which employed or (employer).  (c) General nature of industry business, or establishment in which employed or (employer).  (c) General nature of industry business, or establishment in which employed or (employer).  (c) General nature of industry business, or establishment in which employed or (employer).  (c) General nature of industry business, or establishment in which employed or (employer).  (Signed).  (Durstion)  (Signed).  (Durstion)  (Signed).  (Sig	7/ 1 dayhrs.	
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  2 (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  15 Filed  29 1921  Contributory Secondary  Secondary  (Signed)  (Address)  (Address)  (Signed)  (Address)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Sig	(a) Trade, profession of State (b) General nature of industry business, or establishment in	(Ouration) yrs. 5 mos. d
FATHER  II BIRTHPLACE OF FATHER (State or country)  IZ MAIDEN NAME OF MOTHER (State or Country)  IS BIRTHPLACE OF MOTHER (State or Country)  IA THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  IA THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (In THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (In THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (In THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (In THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (IN TH	9 BIRTHPLACE (State or country) Maryland,	Secondary (Durstion) yrs 4 mos d
OF MOTHER  OF MOTHER  13 BIRTHPLACE OF MOTHER  (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Address)  (Address)  Filed  (Address)  15 Filed  (Address)  16 In the State or Recent Residents)  (Address)  (A	TATHER Coligen Collins	and 15 1981 (Address) 2160 8 23
OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Informant)  (Address)  (Address)  Filed  (Address)  (Address	of MOTHER Martha Revertson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
(Informant) M. Lerge Sandieh, Former or usual residence.  19 PLACE OF BURIAL OR REMOVALY DATE OF BURIAL (Address) Lending tom mel.  15 Filed April 29 1981 Lending Registrar  Registrar  Registrar	OF MOTHER (State or Country) Mary Land,	of death yrs
Filed April 29 1981 / Lens Parner County Registrar	(Informant) Musterge Sandiepp.	Former or usual residence
	Filed And 2/ 1980/ Registrar	Harner Counshis Rochille

MARGIN RESERVED FOR BINDING

(Approved by U. S. Census and American Public Health Association.)

to report specifically the occupations of persons enstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, definite salary), may be entered as Housewife, Househousehold only (not paid Housekcepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e.g., Farmer or Planter, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (b) Grocery; Cook

Statement of Cause of Death—Name, first, the DISTERSE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by approved by Committee on tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. For violent deaths state means of injury State cause for which surgical operation was under-"Uracmia," "Weakness," etc., when a definite disease Recommendations on statement of cause of death can be ascertained as the cause. Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart Nomenclature Always qualify all Measles; disease;

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No.

64758

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2/3

(If death occurred in a hospital or institu- tion, give its NAME is - stead of street and number.)

MEDICAL CERTIFICATE	OF DEATH
	ed above, at 4 P. m.
Contributory Secondary  Signed)  Signed  *State the 1 iscase Causing Deat Violent Causes, state (1) Means of	Merelle Me
8 LENGTH OF RESIDENCE (For Hosients or Recent Residents)	
On pressures On pressures On pressures On pressures	DATE OF BURIAL  Office 1931

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tle first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, greed in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewije, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, For many occupations a (b) Cotton mill; (a) Salesman, (b) Groccry; man, (b) Automobile factory. The material without more precise specification as For persons who have no occupation single word or term on Locomotive engineer, Day

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Exhaustion," "Heart range," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease "(Tethanstion." "Heart failure," "Ilaemorrhage," stated unless important. use of "Tumor" for malignant neoplasms); Measles; diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, earbolic acid—probably suicidc. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary Whooping Recommendations on statement of cause of American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, cough; or intercurrent) Chronic Example: Measles (disease The n\_ture of the injury, affection need not be valvular heart disease; etc. The contributory

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S - S - S - S - S - S - S - S - S - S -			1 PLACE OF DEATH	CERTIFICATE OF DEATH	
7		Co	ounty Montgomery	Registration Dist, No. 246	
ECORD EXACTLY	cate	Villa	age or City Lar Cabra John (No.)	St.: Ward)  St.: Ward)  a hospital or institu- ilon, give its NAME in- stead of street and kumber.)	
ated	ertii	-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
ENT be state	ok of c	3 81	EX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED	Opril 30, 193/	
REN	bac	W	Write the word)	17 I HEREBY CERTIFY, That, I attended the deceased from	
PER shoul	3 0 1	6 D/	ATE OF BIRTH	Deader Lengt Docc, 192	
IS A ACE	tlon		(Month) (Day) (Year)	that I last saw halive on	
SI S	iruc	7 AG	ii LESS tilati	The CAUSE OF DEATH % was as follows:	
KTH supplie	ins	2	60 —   dayhrs.	Cerebral embolisin	
Sug sug	See	a	CCUPATION  ) Trade, profession or		
G IN		/ (b	articular kind of work	(Duration) yrs mos de	
DIN	od	M	hich employed or (employer)	Contributory Krouse Wednerdillo.	
NFA NFA Y im			(State or country) Virginia	(Durelon) yrs. f. mos f. da	
RGIN H Ui	-		10 NAME OF Sarace (worms.	(Signed) James James M.D.	
MAF WITH	Z	NTS	11 BIRTHPLACE OF FATHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) deans of Injury: and (2) whether	
atio	ATIC	S.	(State or country)  12 MAIDEN NAME OF MOTHER	Accidental, Suicidal of Homicidal.	
N min	CUP	PA	3000-800-11	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)	
a in	Ö		13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos da. State, yrs mos da.	
WRITE F		It TII	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?	
		(Informant) Mrs. Jack Roqueau		Former or usual residence	
Every	stater		(Address) Calinfold, Res.	19 PLACE OF BURIAL OR REMOVAL GATE OF BURIAL	
N. No.	o	15	Filed H-30-31 192 Bey C. Perry Registration	W. Erraret Same 1437 Smit	
1) 2			of more blanks are needed, address State Registrar.	16 W. Saratoga St., Polto., Requesting V. S No. 1 Wash Ub.	

(Approved by U. S. Census and American Public Health Association.)

Whatever, write None. business, that fact may be indicated thus: Farmer (reatate occupation at beginning of illness. If retired from or given up on account of the bisks as causing bearing Housemuid, etc. gaged in domestic service for wager, as Servant, Cook, to report specifically the occ pations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered a. Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer-Ccal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement "pinner, (b) Cotton mill; (a) Salesman, (b) Grosery; should be used only when needed. As examples: (a) (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, Civil engineer, Stationary fremen, etc. But in many tion applie; to each and every person, irrespective of fulness of various pursuits can be known. The quescapation is very important, so that the relative health-Statement of Occupation Precise statement of oc-01: For many occupations a single word or term on yrs.). For persons who have no occupation 41 Home, and children, not gainfully em-If the occupation has been changed The material

Examement of Cause of Death—Name, first, the DISLASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same necepted term for the same disease. Examples: Gerehrospinal
fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup");
Typhoid fever (never report "Typhoid pneumonia,"

ment of quences (e. g., sepsis, totanus) may be stated under the ture of the injury, as fracture of skull, and conseas probably such, if impossible to determine definitely. Nomenclature of the American Medical Association.) Poisoned by carbolic acid-probably suicide. The natrain-accident: Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway and quality as accidental, suicidal, or Homicidal, of State cause for which surgical operation was under-"PUERPERAL seplicaemia,""PUERPERAL peritonitis," diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all rhage," "Inunition." "Marasmus," "Old Age," "Shoek," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia." "Amaemia" ary), 10 ds. Never report mere symptoms or terminal stated unless important. Example: Mcastes (disease use of "Tumor" for malignant neoplasms); Meastes; causing death), 29 ds.; Bronchopneumonia inges, pertionatum, etc., Carcinoma, Sarcoma, etc., of "Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart Chronic interstitial nephritis, etc. The contributory inqualified, is indefinite); Tuberculosis of lungs, men-(seeondary or intercurrent) affection need not be Whooping cough; ...... (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURI "contributory." (Recommendations on statecause of death approved by Committee on "Debility" ("Congenital," "Senile," etc.), Chronic valvular heart failure." "Haemor-(second-(mereiy

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gaged in domestic service for wages, as Servant, Cool, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a whatever, write None. or given up on account of the DISEASE CAUSING DEATH Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the bisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; inges, pcrilonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-.. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature of the ," etc.), "Dropsy,

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Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when necded. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will he sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer Table tired 6 yrs. For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emlaborer, whatever, write Nonc. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day Wom-

Statement of Cause of Death—Name, first, the Disease Crusing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebroginal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia");

American Medical Association.) \_approved "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stited unless important. use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonibis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on Nomenclature Chronic Example: Measles (disease etc. The contributory valvular heart disease; ngt be

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MAY 8

V. S. No. 1

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	i. BEvery item of information should be carefully supplied. ACE chould be stated EXACTLY, PM	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. E.		
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PLACE OF DEATH	STATE OF MARYLAND			
Country/ No majorning	CERTIFICATE OF DEATH Registration Dist. No. 2//			
Village or City Nordfull (No. 2FULL NAME David of Ward	St.: Ward) (If death occurred in a hospit I or institution, give its NAME in stead of street and number.)			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3 SEX 4 COLOR OR RACE SINGLE.  MARRIED.  MIDOWED.  OR DIVORCED  (Write the word)	16 DATE OF DEATH April 25 , 1921 (Month) (Day) (Year)			
6 DATE OF BIRTH  Arif 5, 1873  (Month) (Day) (Year)	that I last saw he alive on April 6 , 1927.			
7 AGE  S yrs. mos. /5 ds. or min.?	A			
(a) Trade, profession or Lettred Frucker				
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) 3 yrs. mos. da			
9 BIRTHPLACE (State or country) Md.	Contributory Secondary  (Duration) yts			
10 NAME OF George Hard	(Signed) Leage M. Doger M. D. D. D. D. D. M. D. D. M. D. D. M. D.			
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.			
of MOTHER MANY Grown-	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translients or Recent Residents)			
13 BIRTHPLACE OF MOTHER (State or country)  Md	At place of deathyrsmosds.			
(Informant) M. Cedalia Hard	if not at place of death?  Former or usual residence			
(Address) P. D. Gaithersburg M.	Danaseux Cemeling Opr. 21, 1931			
15 Filed Chr. 2/ 1931 Della W. Beall Dept. Registrar	J. B. Beall Inc. Damascus, M.			
If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.				

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scruant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. laborer, Physician, Compositor, Foreman, or At Home, For many occupations a single word or term on yrs). For persons who have no occupation Form laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material and children, not gainfully em-Architect, Locomotive engineer, Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by diseases resulting from childbirth or miscarriage as. "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Tranition," "Marasmus, when a definite disease "Uraemia," "Weakness," etc., when a definite disease Always qualify all stated unless important. Example: Mcasles (disease telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine detailely. and qualify as ACCIDENTAL, SUICIDAL, or HONLICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY Whooping cough; American Medical Association.) (secondary or intercurrent) affection need not be Never report mere symptoms or terminal condiinterstitial nephritis, Committee on Chronic etc. The contributory valvular heart discase Nomenclature Measles;

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No.

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	PLACE OF DEATH	04
	County Montgomery	(3)
Vill	lage or City Hear Trochwolle	
	2FULL NAME	Valer
-	PERSONAL AND STATISTICAL PARTICULARS	М
3 5	Male Colored Single, Married, Widowes Colored OR DIVORCED (Write the word)	16 DATE OF D
6 0	DATE OF BIRTH	17   I H
	(Month) (Day) (Year)	that I last saw
7 A	If LESS than I day hrs. or min.?	and that death The CAUSE OF
	CCCUPATION a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer)	711s
-	SIRTHPLACE (State or country) Rockville, Ind-	Contributor Secondary
	10 NAME OF Jufferouse	(Signed)
ENTS	11 BIRTHPLACE OF FATHER (State or country)	*State Violent Car Accidental, S
PARE	OF MOTHER Kate Mane Males	
	13 BIRTHPLACE OF MOTHER (State or Country) Forettsville, Va.	At place of deathyrs Where was disea
14	(Informant) Water Muser Waler	f not at place Former or usual residence.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2/3 (If death occurred in a hospital or institu-tion, give its NAME is St.: Ward) stead of street and number.) MEDICAL CERTIFICATE OF DEATH OF DEATH t death occurred on the date stated above, at USE OF DEATH \* was as follows: I is ase Causing Death, or, in nt Causes, state (1) Means of Injury and (2) Whether ental, Suicidal or Homicidal. OTH OF RESIDENCE (For Hospitals, Institutions, Transor Recent Residents) In the ...yrs......ds. as disease contracted,

DATE OF BURIAL

ADDRESS

If more banks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

2D UNDERTAKER

(Approved by U. S. Censius and American Public Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken sary to know (a) the kind of work and also (b) the Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, g: ged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons en-Housemaid, etc. If the occupation has been changed Foreman, (b) Automobile factory. The material For many occupations a yrs). For persons who have no occupation without more precise specification as single word or term on 6 Grocery; Day

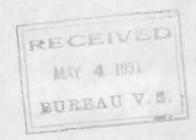
Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

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